BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.

	inventor (if plural invention entitled:								
Insert Title:	The manufaction polygeter resin composition excellent in processing stability and molded articles the eof								
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docker number as set								
Information -	The emorification was filed on								
For Use Without	United States Application Number					(if applicable) and/or as PCT			
Specification Attached:	the specification was filed on04 July 2002					as PCT as and was			
Attuened.	memanona repriessor					(n upp			
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as								
	amended by any amendment refer to disclose information which is material to patentability as defined in Title 37, code of Total								
	Regulations, \$1.56. I do not know and do not believe the same was ever known or used in the United States of America before hy or our invention thereof or more than one thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year year prior to this application, that the same was not in public use or on sale in the United States of America more than one year year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the prior to this application, that the invention has not been patented or made the subject of an inventor's certificate by me or my legal date of this application in any country foreign to the United States of America on an application for representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or inventor's certificate having								
	or inventor's certificate listed below and have also identified october a filing date before that of the application on which priority is claimed: Prior Foreign Application(s)			is claimed.	Priority Claimed				
Insert Priority	Prior Foreign App	neation(s)							
Information:		- (0		(Month/Day	/Year Filed)	Yes	No		
(if appropriate)	(Number)	(Country)			•				
		(Country)		(Month/Day	/Year Filed)	Yes	No		
	(Number)	(Country)		•					
		(Country)		(Month/Day	/Year Filed)	Yes	No		
	(Number)	(Country)		•					
	(Number)	(Country)			/Year Filed)	Yes	No		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
Insert Provisional	(Filing Date)				oate)				
Application(s): (if any)	(Application Numb	er)							
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Frior to the Filing Date of This Application:								
	Application Number			nbe r	Date of Filing (Mon	th/Day/Year)			
Insert Requested	Country								
Information:									
(if appropriate)	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s): (if any)	(Application Num	ber)	(Filing Date)		(Status - patented,				
(If any) Page 1 of (Rev. 07/2003)	(Application Num	iber)	(Filing Date)		(Status - patented,	pending, aband	oned)		

	4724	0 1	٠,	_	٠.	, 1
Attorney	Docket No.					

CITIZENSHIP

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written hotice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information

and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE FOLLOWING:

sert Post Office Address

Full Name of Second Inventor, if any:

Full Name of Third Inventor, if any: see above

Full Name of Fifth Il Name ou Inventor, if any: see above

Full Name of Sixth ventor, if any: see above

GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	0	DATE*
YOSHIHIRO OHTSUKA	Joshihiro Onto	uka	15 December, THILL
Residence (City, State & Country)	(//0-100/1-1-	CITIZENSHI	P
Ohtake-shi, Hiroshima Japan		Japan	15 December 2004 JPX
MAILING ADDRESS (Complete Street Address	ss including City, State & Country)		
305, 13-5, Kuba 4-chome, Ohtake-shi, I	Hiroshima 739-0651 Japan		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	-	DATE*
Residence (City, State & Country)		CITIZENSHI	P
MAILING ADDRESS (Complete Street Addres	ss including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Residence (City, State & Country)		CITIZENSHI	P
MAILING ADDRESS (Complete Street Address	ss including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
,			
Residence (City, State & Country)		CITIZENSHI	<u> </u>
, ,			
MAILING ADDRESS (Complete Street Addres	ss including City, State & Country)	<u> </u>	
(
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
,			
Residence (City, State & Country)		CITIZENSHI	<u>. </u>
· · · · · · · · · · · · · · · · · · ·			
MAILING ADDRESS (Complete Street Address	ss including City, State & Country)	<u> </u>	
` •	<i>3 - 1, 1</i> ,		
CIVEN NAME / FAMILY NAME	I INIVENITOD'S SIGNIATURE		I DATE*

Page 2 of _ (Rev. 07/2003)

*DATE OF SIGNATURE

Residence (City, State & Country)

MAILING ADDRESS (Complete Street Address including City, State & Country)